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RULE 30 (17 C.F.R. 1.50) DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION THE UNITED STATES BATENT AND TRADEMARK OFFICE

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE As a below named inventor, Thereby declare that my residence, post office address and dittenship are as stated below next to my name, and pelieve i am the original first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names of the subject matter which is dialined and for which a patent is sought on the invention entitled: the specification of which (check applicable box(s)): is attached hereto. as U. S. Application Seral No. was fled on was filed as PGT international application No. PGT/ FR00/00375 and (if additionable to U.S. or PCT application) was amended on May 18. 2001 thereby state that I have reviewed and understand the contents of the acove identified specification, including the ciaims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to the patentability of this application in accordance with 37 C.F.R. 1.56. I herapy claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's cartificate isted below and have also identified below any foreign application for patent or inventors tertificate having a filling date before that of the application on which priority is claimed or, if no priority is claimed, before the filing date of this application: Prior Foreign Application(s): Day/Month/Year Filed Application Number 15/02/1999 99 01 794 hereby claim the benefit under 35 U.S.C. 120/365 of all prior United States and PCT international applications listed above or below and, insorar as the subject matter of each of the claims of this accilication is not disclosed in such oncr applications in the manner provided by the first caragraph of 35 U.S.C. 112, I acknowledge the duty to disclose material information as defined in 37 C.F.R. 1.56 which occurred between the filling date of the pror applications and the national or PCT international filling date of this application: Status: patented. Prior U.S./PCT Application(s): pending, abandoned Day/Month/Year Filed Laplication Serial No. PCT/FR00/00375 15/02/2000 mereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to te true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or monsonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jedpardize the validity of te application or any patent issued thereon. And I hereby appoint NIXON & VANDERHYE P.C., 1100 North Glebe Rd., 3th Floor, Arlington, VA 2201-4714, telephone number (703) 316-4000 (to whom all communications are to be directed), and the following attorneys thereof (of the ame address) individually and collectively my attorneys to prosecute this application and to transact all business in the Patent and Trademark Office annected therewith and with the resulting patentt. Arthur R. Grawford, 25327; Lamy S. Mixon, 25840; Robert A. Vanderhye, 27075; James T. Hosmer, 0184; Robert W. Faris, 31352, Richard G. Sesna, 22770; Mark & Nuscaum, 32348; Michael J. Keenan, 32106; Bryan H. Bavidson, 30251; Stanley Spooner, 27393; Leonard C. Mitchard, 29009; Duane M. Byers, 33358; Paul J. Henon, 33525; Jeffry H. Neison, 30481; John R. Lastova, 33149; H. Jamen Burnam, Jr., 29366; Thomas E. Byrne, 32205; Mary J. Million, 72955, J. Scott Cavidson, 33439; Jerry O. Craig, 38025.) Inventor's Signature Inventor's Name (typed) Family Name Miccle Initial (State/Foreign Country) FRANCE Residence (City) MAUGUIO 34 130 Post Office Acdress Mas Abrigas) Inventor's Signature Inventor's Name (typed) Family Name Miccle Initial (State/Foreign Country) Residence (City) Zip Cace Post Office Address Inventor's Signature Inventor's Name (typed) Family Name Middle Initial

IR ADDITIONAL INVENTORS, check box $|\overline{\chi}|$ and attach sheet with same information and signature and date for each.

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